

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/586,083</b>		FILING DATE <b>07/13/06</b>					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	13	←	13	←		←				←		←	
TOTAL CLAIMS	15		15										
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TOTAL IND.		↓		↓		↓				↓		↓	
TOTAL DEP.		←		←		←				←		←	
TOTAL CLAIMS													